

Helen Green

Town Cook. Neck. County Charles. MARYLAND

Died at	Month	Day	Y.	M.	D.	Native of	Occupation
<u>Date 1905.</u>	<u>9.</u>	<u>.26</u>	<u>1.</u>	<u>10</u>		<u>Infant</u>	
<input checked="" type="checkbox"/> Female	<input type="checkbox"/> White	<input checked="" type="checkbox"/> Married		<input type="checkbox"/> Widow		<input type="checkbox"/> Divorced	
	<input type="checkbox"/> Colored	<input type="checkbox"/> Single		<input type="checkbox"/> Widower		<input type="checkbox"/> Number of children living	

Husband of

Wife

Father's Name

Wilson

Mother's Maiden Name

Ann Donnell

Cause of

Primary

Chills & Fever. 29

How long sick

one week

Death

Immediate

Accident, Suicide, Homicide

Reported by

Jos. Darneley

Address

Josue. P.O.

char Co. did

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Gerry Gutriek

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at Town
Near Ross Roads

County
Charles

MARYLAND

Date of death 190	Month Sept.	Day 9	Years	Months 14	Days
Sex Female	Color or Race	76		Charles	Md

Married, Single
or Widowed

Occupation

Name of Wife or
Husband

Father's
Name

Robert Gutriek

Father's
Birthplace

Charles Md

Mother's
Maiden Name

Ella Digg

Mother's
Birthplace

Name of person giving
Information

Frances Digg

How related
to deceased

Gran Father

CAUSES OF DEATH

Primary

Second (Temporary) Complains

How long

3 months

Immediate

complaint

How long

Are the name, age, sex, color, date
and place correctly given above?

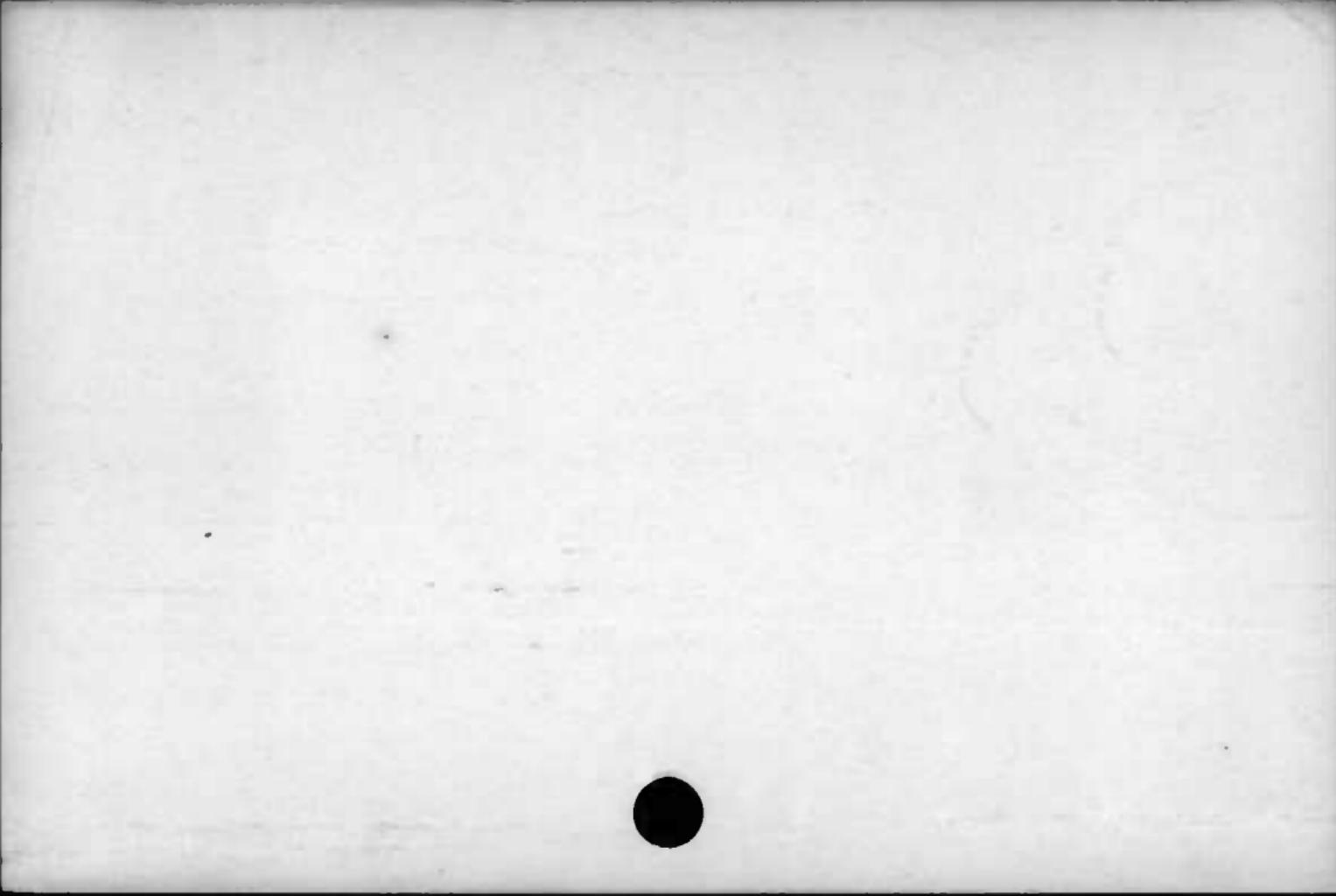
Signature of
Physician

Address

Macmillan Gilmour
Act Rep -

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

George H. Muschette

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1905	Sep	4	Age 73	—	7
Sex	Color or Race	Birth- place			
male	white	Charles Co			
Occupation	Where Residing if not at place of death				
Farmer	Home				
Married, Single or Widowed	Name of Wife or Husband	Mary E. Monroe			
Married	John H. Muschette	Father's Birthplace	Md		
Mother's Maiden Name	Alice Barnes	Mother's Birthplace	Md		
Name of person giving Information	J. H. Muschette	How related to deceased	Sister		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Dysentery



How long

1 week

Immediate

Cerebritis

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

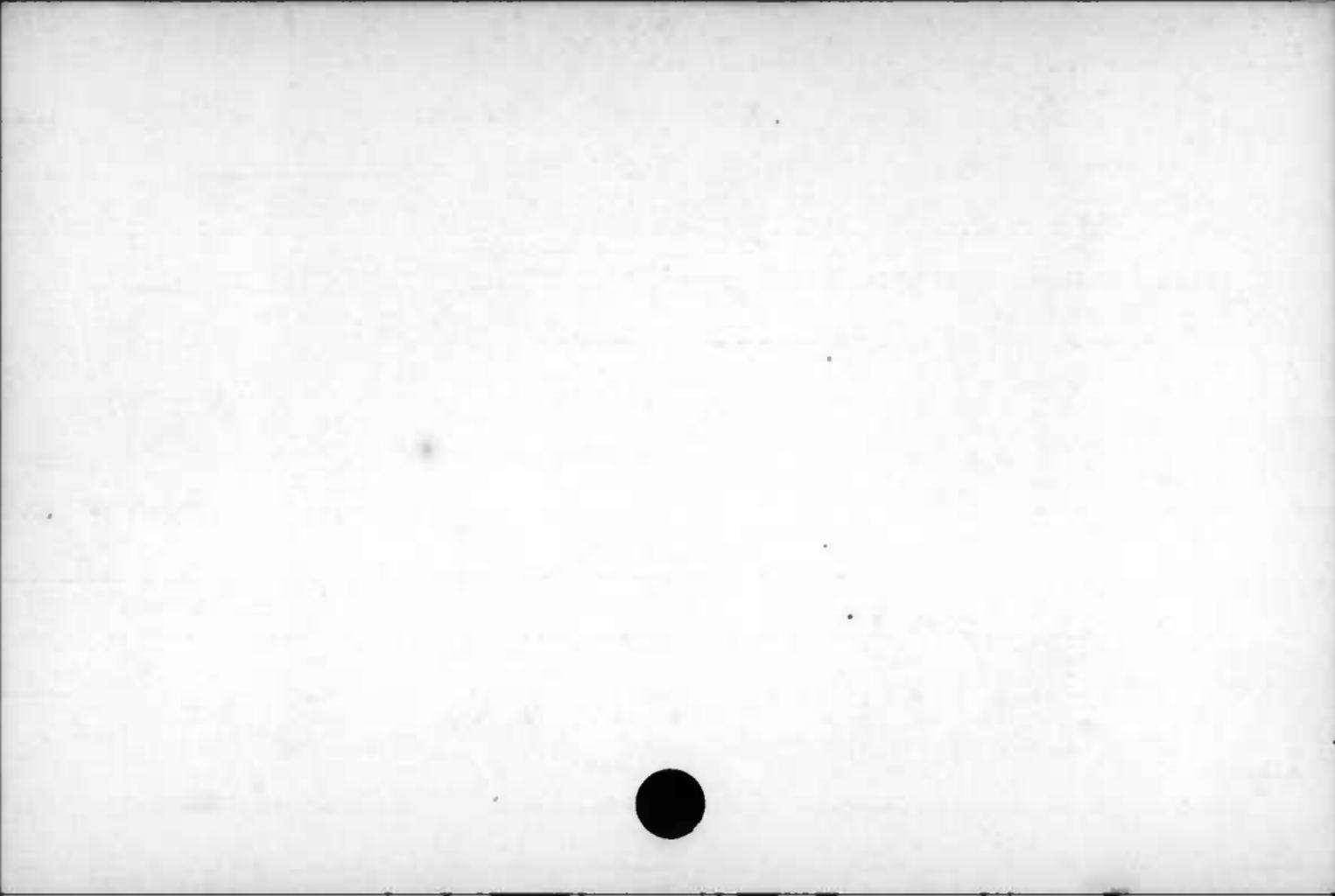
Address

G.O. Monroe

Waldorf

Md

Accident or Suicide?



James Thomas Reed

Town Wenona County Charles MARYLAND

Died at

Date 1905 - Sept 27	Month	Day	Y.	M.	D.	Native of	Occupation
			-	1	14	Ind	-
Male	White	Age				Divorced	
Female	Colored	Married	Widow	Widower	Number of children living		
Husband of							
Wife							
Father's Name	<u>Thomas Reed</u>			Mother's Maiden Name		<u>Rebecca Bush</u>	
Cause of Death	Primary	<u>Eaten Cocaine</u>			How long sick		
	Immediate	<u>Exhaustion</u>			<u>9 days</u>		
		<u>Starvation</u>			Accident, Suicide, Homicide		

Husband of

Wife

Father's Name

Cause of

Death

Reported by

Address

C. L. Cecil M.D.

Newport ██████████ M.D.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Mary Agnes Short

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Warrenton</u> Town		<u>Charles</u> County		MARYLAND	
Date of death	<u>190</u> <u>0</u> Month	Day	Age	Years	Months
Sex	<u>Female</u>	Color or Race	<u>Colored</u>	Birth- place	<u>Charles Co., Md.</u>
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	<u>Walter Hunter</u>		<u>Charles Co., Md.</u>		
Mother's Maiden Name	<u>Levinia Brister</u>		<u>Charles Co., Md.</u>		
Name of person giving Information	<u>Walter Hunter</u>		<u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>not known, dead</u>	How long
Immediate	<u>when father reported</u>	How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Hiram Holly M.D.
Warrenton

Accident or Suicide?



Name
in
Full

Infant child Smith and
Pegah Town Charles

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Pigah	Town	County	MARYLAND	
Date of death	1905	Month Sept	Day 10	Years —	Months — Days 14
Sex	Female	Color or Race	Col-	Birth-place	Md
Occupation	none	Where Residing if not at place of death			
Married, Single or Widowed	Sgl	Name of Wife or Husband	none	Father's Birthplace	Md
Father's Name	Denis Smith	Mother's Birthplace			
Mother's Maiden Name	Cornelia Jackson	How related to deceased			
Name of person giving Information	Joe Jackson	steps Grand Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary . How long

Immediate No doctor in attendance How long

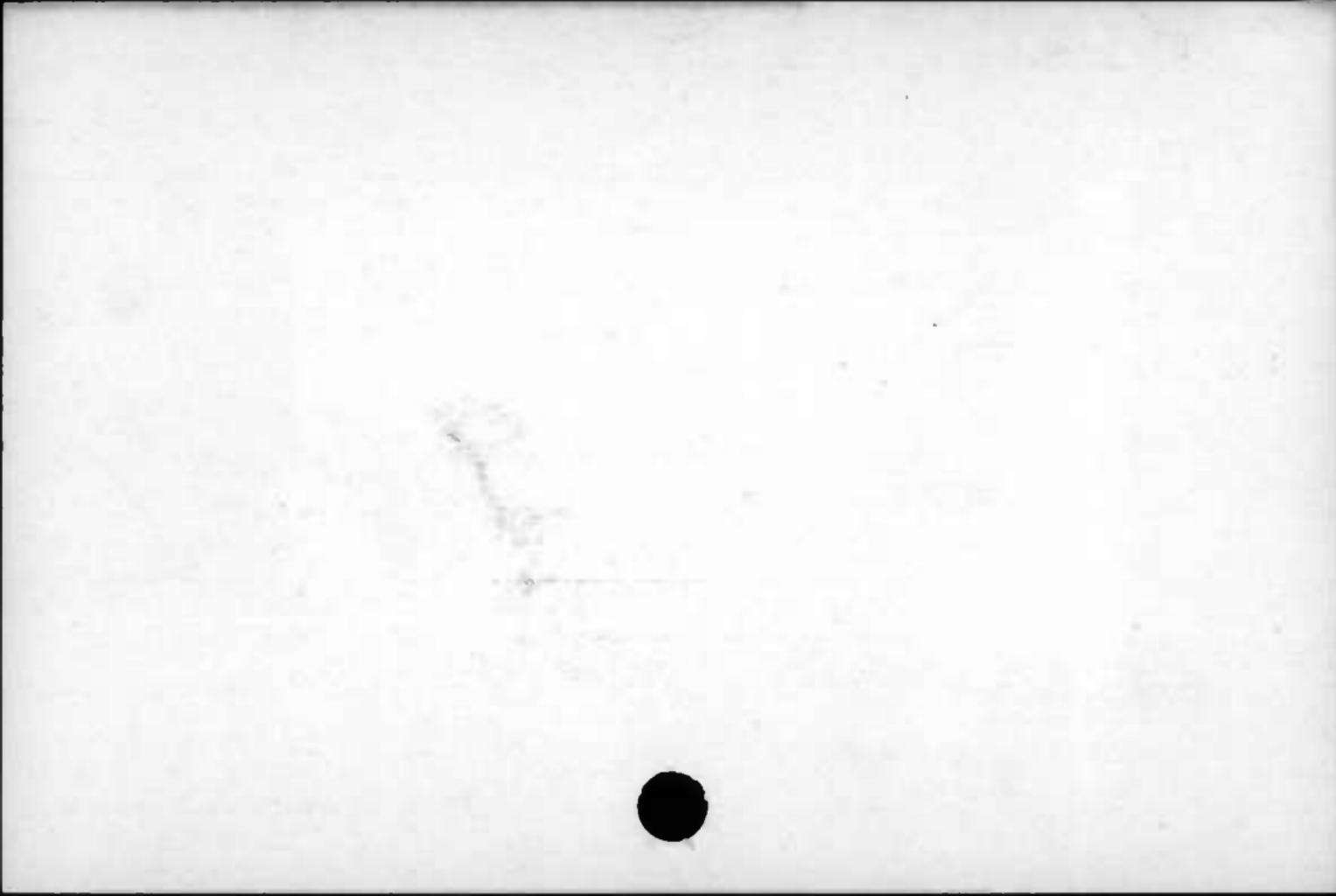
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

none in attendance
C. D. Carpenter, M.D., R.

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

John Dudley Swanson					CERTIFICATE OF DEATH		
Died at		Town	County		MARYLAND		
Date of death	1905	Month Sep	Day 8	Years 1	Months 2	Days —	
Sex	Male	Color or Race	African (Mix)		Birth-place	Celas. Co.,	
Occupation			Where Residing if not at place of death				
Married, Single or Widowed	=	Name of Wife or Husband			Father's Birthplace	Celas. Co.,	
Father's Name	George Henry Swanson				Mother's Birthplace	Celas. Co.,	
Mother's Maiden Name	May Rotunda Proctor				How related to deceased	Father -	
Name of person giving information	G. H. Swanson				How long	1 year	
					How long	3 mo.	

CAUSES OF DEATH

Primary

Mal - Accumulation

Immediate

Inanition

Are the name, age, sex, color, date and place correctly given above?

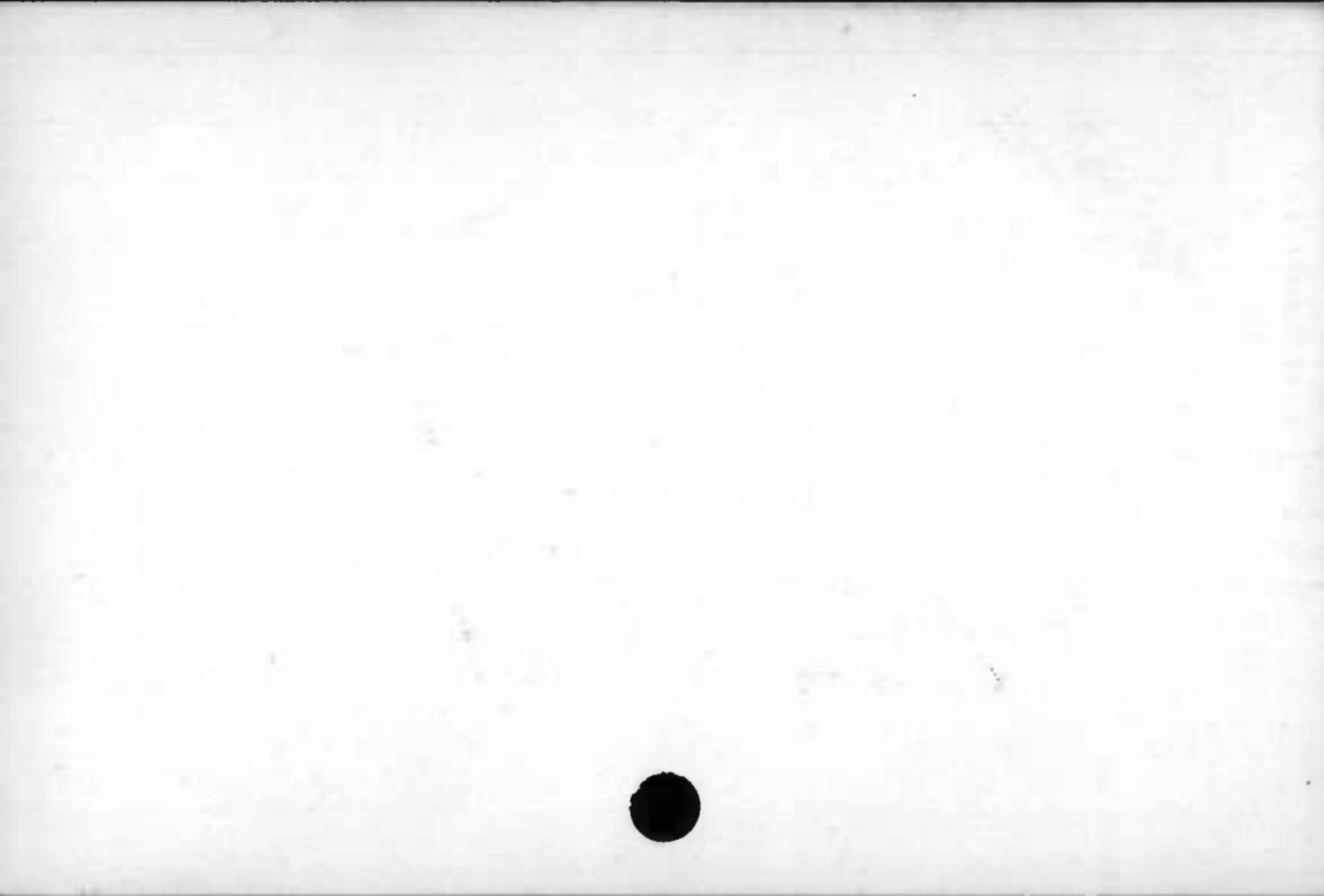
yes

Signature of Physician

Address

E. Swanson
Bul Air Rd.

Accident or Suicide?



Name
in
Full

Paul Swann

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at Bell Alton Town

County Charles

MARYLAND

Date of death 1905 Month Sept

Day 4

Years —

Months 18

Days —

Sex Male

Color or Race Colored

Birth-place Charles Co.

Occupation —

Where Residing if not
at place of death —

Married, Single
or Widowed —

Name of Wife or
Husband —

Father's Name William J. Swann

Father's Birthplace Charles Co.

Mother's Maiden Name Barbara Proctor

Mother's Birthplace Charles Co.

Name of person giving
Information William J. Swann

How related
to deceased Father

CAUSES OF DEATH

Primary

Gastric Endoscopy

How long 2 months

Immediate

Cardiac Failure

How long one hour

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date
and place correctly given above?

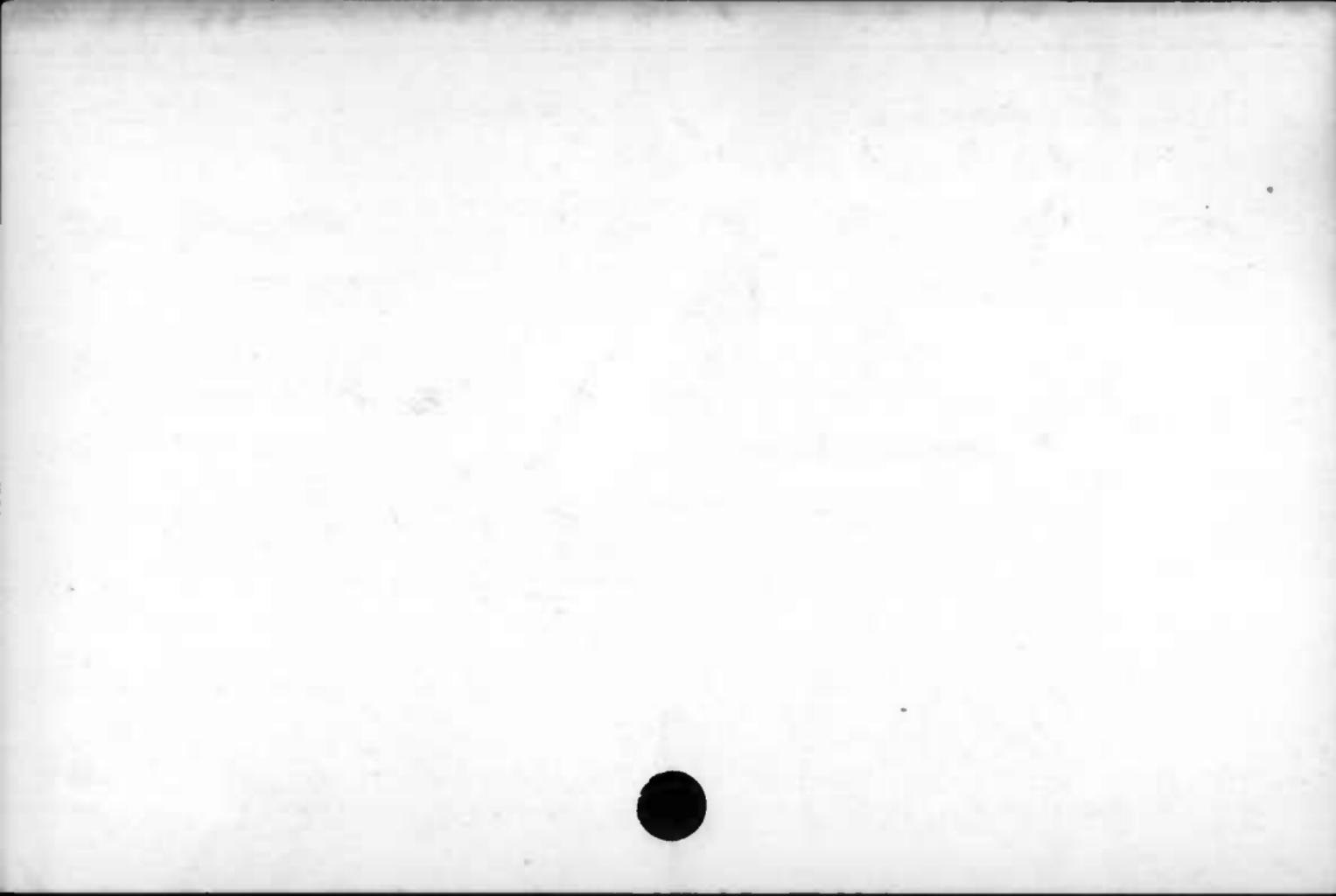
Yes

Signature of
Physician

Address

Spiruash
Bell Alton
MD

Accident or Suicide?



Name
in
FullTO BE ANSWERED BY
NEAREST FRIEND

Sallie Duranee						CERTIFICATE OF DEATH		
Died at <u>New Orleans</u>			<u>6 hours</u>			MARYLAND		
Date of death	Month	Day	Age	Years	Months	Days		
1905	Sept	23	77		-	-		
Sex	Color or Race		Where Residing if not at place of death					
<u>Female</u>	<u>White</u>		<u>New Orleans Ind</u>					
Occupation								
<u>Housewife</u>								
Married, Single or Widowed	Name of Wife or Husband							
<u>Married</u>	<u>Bessie Duranee</u>							
Father's Name					Father's Birthplace			
<u>odd</u>					<u>Ind</u>			
Mother's Maiden Name					Mother's Birthplace			
<u>Sallie odd</u>					<u>My</u>			
Name of person giving Information					How related to deceased			
<u>GP Duranee</u>					<u>Son in Law</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Regurgitation

How long

18 mo

Immediate

Heart failure

How long

dead

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Hospital太平间
Kings Leine
Ind

Accident or Suicide?

